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Headline: Secretary of Navy Dalton and Mrs. Dalton honored
for service

From Bureau of Medicine and Surgery

WASHINGTON -- Secretary of the Navy John H. Dalton and Mrs. Margaret Dalton were honored recently at National Naval Medical Center, Bethesda, Md., for their contributions to improving the quality of life of Sailors, Marines and their families.

Part of the recognition ceremony was dedicating the medical center's new Mother and Infant Care Center to the Daltons. The Secretary, who will retire November Nov. 16, praised Navy Medicine in his comments to the hundreds of guests.

"This is such a tremendous honor for Margaret and me," Dalton said. "Along with the readiness of our naval forces, my number one priority during my tenure as Secretary of the Navy has been our people. They are the lifeblood of the Fleet, the means by which this nation is protected and represented around the world, and the pride of my days in office. That is the principal reason that I respect and admire the practitioners of Navy Medicine."

In addition to the Secretary's accomplishments during his tour of duty, Margaret Dalton, the "First Lady of the Navy" received recognition for her involvement with quality of life issues within the Navy. Her achievements include

leading an informal network of spouses of senior Navy and Marine Corps uniformed and civilian leaders who, among their other accomplishments, worked for improvements in family and bachelor housing throughout the Fleet.

Mrs. Dalton's other interests included MWR programs, child development and youth services. Part of her success representing the interests of Sailors and Marines was because she sought input from families during her travels with the Secretary to Fleet units and bases.

Secretary Dalton, a Naval Academy graduate and former submarine Sailor, has been a tireless advocate during his five-year tour for Navy and Marine Corps support issues, including Navy Medicine concerns.

"The military has faced challenging fiscal times, and Navy Medicine is no exception," he said. "Despite that, the nurses, doctors and staff of Navy Medicine have fought on, doing what the motto here at Bethesda proclaims: 'Caring is what we do best.' They have proven that while you can take dollars away from Navy Medicine, you can't take the heart out of Navy Medicine, and from the heroes who practice it, here at Bethesda, and out on the deckplates.

"I will always be in awe of what Navy Medicine and its heroes do, day in and day out, in peace and in war, in the Navy and in the community."

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Headline: Great Lakes staff trains aboard Boxer
By LT Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- Navy medical readiness training is an ongoing effort around the world to ensure that personnel are ready to man their platforms when needed. Naval Hospital Great Lakes recently tested its readiness when 52 members of its staff participated in a week-long deployment aboard amphibious assault ship, USS Boxer (LHD 4), a designated Casualty Receiving and Treatment Ship. The team, led by CAPT Dominick Paparella, MC, and Chief Hospital Corpsman Daniel Carey, met their platform in San Diego to conduct the first readiness augmentation training aboard a Casualty Receiving and Treatment Ship. Their departure ended months of planning and coordination between Naval Hospital Great Lakes, Boxer Amphibious Ready Group Three, the Surface Warfare Medical Institute and the Bureau of Medicine and Surgery in Washington, D.C. While underway, the group was not only concerned about medical issues. In addition to seeing how shipboard communications worked, a ship orientation familiarized them with the vessel's layout. It was training that later helped them find their lifeboat stations for the abandon ship drill.

But medical topics and tasks were never far from any day's activity. Along with mass casualty drills, the medical team's training also included fleet medical

administration, organization of the medical department and the role of medical within Boxer ,s Amphibious Ready Group. Navy Medicine's contribution to the Amphibious Ready Group's success was emphasized in presentations about amphibious and non-combatant evacuation operations and the mission and organization of the Marine Expeditionary Unit. Medical personnel aboard Boxer during this training evolution had their training plates full. If they were not attending lectures, they were giving them. LCDR Larry Ciolorito, MSC, Naval Hospital Great Lakes laboratory administrator, gave a presentation to the medical staff about bringing blood products to the deckplates and establishing a so-called "walking blood bank," comprised of people prescreened and tested prior to deployment. They would be the ship's blood supply should the blood bank use all of its frozen blood. CDR Robert J. Olson, MC, a psychiatrist, gave lectures on the psychological effects of combat stress. Other Great Lakes doctors gave training sessions for treating trauma and the care of burns.

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Headline: Charleston and civilian medical center form team
By Tanya Brown, Bureau of Medicine and Surgery

WASHINGTON -- Charleston Naval Hospital officials, along with Trident Health Care representatives, recently announced a plan to expand health care services to increase the scope of practice for active duty specialists and surgeons involved with TRICARE Prime.

The plan allows the Navy doctors to use the resources and facilities at Trident Medical Center in Charleston, S.C., and practice as part of the Trident Medical Center staff using the hospital's broad range of facilities.

This arrangement will help offset the loss of the Charleston Naval Hospital emergency room and intensive care unit that closed earlier this year.

"This partnership will help increase the scope of [the doctors'] practice," said LCDR Maryalice Morro, MSC, head of health promotions for Naval Hospital Charleston.

The partnership is the second of its kind. Two years ago, Naval Hospital Charleston made a similar agreement with Trident Health Care for OB/GYN services.

Michael Joyce, president and chief executive officer of Trident Medical Center, said the new arrangement allows Navy doctors to provide an array of inpatient services not available before and therefore improve the quality and continuity of service to their patients.

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Headline: Lemoore uses telemedicine for skin care center
From Naval Hospital Lemoore

LEMOORE, Calif. -- Today's skin care patients at Naval

Hospital Lemoore have additional resources for their treatment with the addition of new technology that provides them greater satisfaction and convenience.

The new system is a product of the hospital's Primary Care Center of Excellence for Skin Care, and it meets the needs of both physicians and patients who need a more focused approach to specialized care.

LCDR Laura Dyer, MC, a board certified family practice physician also trained in dermatology, now handles skin care issues locally using telemedicine, rather than using the past practice of having patients referred to civilian providers hundreds of miles away.

These days Dyer increases her diagnostic skills with telemedicine. Using that technology, she consults with Col. Thomas King, MC, USAF, a dermatologist stationed at David Grant Medical Center at Travis Air Force Base, Calif., about 250 miles from Naval Hospital Lemoore. By teaming their efforts, the two colleagues are providing more complete dermatology care using personal computers, email and digital photographs. Today at Lemoore, one third of dermatology consults that previously may have taken up to 30 days for patient treatment are done using telemedicine.

When Dyer needs to consult with King about a patient, she begins by taking a digital picture of the person's skin problem. The image is downloaded onto a computer, along with her observations and patient's medical history. The information is then encrypted for security purposes and transmitted to King.

King then reviews the data and makes his diagnosis. All this takes place within 60 minutes of the initial photograph being taken. After King's analysis, Dyer reviews his evaluation and establishes a treatment plan within 72 hours. According to Dyer, patient convenience and cost savings, along with more comprehensive care are the real advantages to providing services this way. Another plus is Lemoore budget analysts believe the skin care telemedicine investment will pay for itself in about one year.

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Headline: Customer satisfaction and patient care win at Twentynine Palms

By Dan Barber, Naval Hospital Twentynine Palms

TWENTYNINE PALMS, Calif. -- During a time when Navy medical facilities everywhere are stressing customer service and patient care, Naval Hospital Twentynine Palms is showing how it's done. The hospital recently received a double "well done" when its sick call and pediatric clinics were recognized as being in the top 10 percent of all clinics in the Department of Defense's health care system. But it wasn't the hospital blowing its own horn that garnered its recognition. Hospital staff earned their award the valid way through patient satisfaction surveys. An independent contractor under the direction of the Secretary

of Defense for Health Affairs completes the surveys, which compare all of DoD's medical facilities. The results showed both the sick call and pediatric clinics in the top ten percent for delivering outstanding medical care, and the sick call clinic was named as being in the top ten percent for outstanding customer service. Both of these clinics display their commitment to providing top quality medical service to Sailors and Marines and their families aboard the Combat Center. These honors are very important to the staff of the two clinics, not because they come from the Department of Defense, but because they represent feedback from the people they serve, the patients of Naval Hospital Twentynine Palms.

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Headline: Association picks Navy Nurse of the Year from Pensacola

By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. -- The Association of Women's Health, Obstetric and Neonatal Nurses recently presented LT Amy Branstetter, NC, Naval Hospital Pensacola, the "Navy Nurse of the Year" award during its annual convention in Orlando, Fla.

Branstetter was one of 10 nominees from throughout the Navy's Nurse Corps community. The award recognized her excellence through superior leadership and professionalism in women's health, obstetric and neonatal nursing. Branstetter, who grew up in Brookville, Ind., and graduated from Brookville High School, earned the award through her achievements coordinating and instructing childbirth education classes, initiating nursing rounds and telephone follow-ups for women whom recently delivered. She was also recognized for counseling mothers about the benefits of breast feeding and for her creative and innovative displays on the hazards of smoking during pregnancy.

"The Navy has given me opportunities for military, as well as medical training," she said. "One week I'll be working on the unit in the hospital and the next I'll be learning how to build a fleet hospital or repair a damaged ship. Where else could I find such variety in my working environment?"

In addition to coordinating staff training and patient education, Branstetter oversees the day-to-day management of the hospital's OB/GYN clinic, ensuring that taking care of mothers and children flows smoothly.

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Headline: TRICARE question and answer

Question: Which option is the best choice for me if I don't live close to an MTF?

Answer: Of the three options: TRICARE Prime, TRICARE

Extra and TRICARE Standard, TRICARE Prime is the best choice for most people if available. Under TRICARE Prime, you can enroll with a civilian provider and receive the same enhanced benefits with an additional small co-payment. This option is significantly less than TRICARE Extra and Standard.

If the TRICARE Prime program is not available, you may be able to use TRICARE Extra or Standard. Both of these programs have deductibles and cost-shares. It is not necessary to enroll in either program. These programs differ only in the cost share. When you choose a network provider you are using TRICARE Extra and your cost share is less than TRICARE Standard. The TRICARE Service Centers will be able to assist you in locating a network civilian provider.

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Headline: Healthwatch: Oh, Baby, What Do We Do Now?

By Jim Garamone, American Forces Press Service

WASHINGTON -- You are far from home and expecting your first baby. Who do you turn to for help?

Babies don't come with operating manuals. If you were at home, you would have a built-in source to turn to--your family. The family can provide experience, parenting tips and a shoulder to cry on when things seem to be too much. For most military couples stationed far from home, calling in the baby's grannies isn't an option.

So what fount can they tap for the knowledge they need to be good parents? DoD has a parent support program. While not taking the place of families, it is aimed at helping young first-timers fill in gaps in their parenting skills. Locally, the program is usually connected with the installation hospital or family support center.

"We're really looking at young parents to provide them education before their children are born, then to assist them after their children are born with [answers] to all the questions new parents have," said Carolyn Becraft, deputy assistant secretary of defense for personnel support, families and education. The program includes classes on parenting, home visits and working with parents of developmental stages for their infants. Most education is conducted in the home. The program can call on people from obstetrics and gynecology staffs, pediatric specialists, family service center personnel and the family advocacy program specialists.

"The program has a whole parenting skill component," Becraft said. "How do you take care of an infant? What does that crying mean? Those with experience can pass information to new parents. Mostly the program provides a stabilizing force, an information source, a support source so new parents can come to grips with being parents."

Not every installation has a parent support program.

"Not every base needs it," said Becraft. "Where it's needed, we'll make sure it's available." The program is focused on bases with a large number of young people.

If there is no program at a base, then local health care officials or family support center personnel can refer new parents to appropriate civilian agencies.

The program is not new. It started at Tripler Army Hospital in Hawaii in 1984. In the late 1980s, the Marine Corps took it on and aggressively developed and expanded it. Now, all services have it.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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